



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

STANDARDS OF CARE COMMITTEE MEETING MINUTES

April 1, 2010

Approved
6/3/2010

MEMBERS PRESENT	MEMBERS PRESENT (Cont.)	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/CONSULTANTS
Angélica Palmeros, <i>Co-Chair</i>	Carlos Vega-Matos	Lilia Espinoza	None	Jane Nachazel
Fariba Younai, <i>Co-Chair</i>		Aaron Fox		Glenda Pinney
Terry Goddard		Miki Jackson		Craig Vincent-Jones
Louis Guitron	MEMBERS ABSENT	Cristina Jose		
Brad Land	Mark Davis	Alonso Machuco		
Jenny O'Malley	David Giugni	Damien Smith		
Jennifer Sayles		Jason Wise		

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- 1) **Agenda:** Standards of Care Committee Agenda, 4/1/2010
- 2) **Standards of Care:** Case Management, Housing, 11/3/2009

1. **CALL TO ORDER:** Dr. Younai called the meeting to order at 10:10 am.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the Standards of Care Committee meeting minutes (*Postponed*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.
6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.
7. **CO-CHAIRS' REPORT:** There was no report.
8. **STANDARDS OF CARE:**
 - A. **Residential, Transitional Services:** Mr. Vincent-Jones reported staff was incorporating OAPP input. The revised iteration should be ready for Committee review at the May meeting.
 - B. **Case Management, Housing:**
 - Mr. Vincent-Jones noted Housing, Transitional and Home-based Case Management will continue to be separate categories from the more global Medical Care Coordination (MCC) because they reflect distinct, unique needs.
 - He added standards are not enforceable for other systems of care. like HOPWA, which provides the bulk of housing, but there is an emphasis on improving coordination and voluntary compliance among systems of care.
 - Mr. Vega-Matos said OAPP is in discussion with LAHD on improving and coordinating services. Discussion includes coordinating the OAPP data system about to be solicited with LAHD, which is also planning to develop a new system.

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Data coordination will allow OAPP and LAHD to share information to better track clients through a variety of services which both provide. He added the new OAPP system will also be able to interface with the HMIS data system.

- Ms. Pinney reported on standard updates derived largely from HOPWA resources, especially the presentation by Mariah Ibarra, National Technical Assistance Consultant for HOPWA at the 1/8/2010 “Getting to Know Your Neighbor” forum.
- The Committee discussed whether to add an engagement service component as Service Effectiveness Evaluation addresses engagement and retention across service categories. It was retained as some populations require exceptional effort, e.g., homeless individuals may require sustained engagement over time to enter into care.
- It was also agreed clients should receive comprehensive screening and referral to ensure that housing options take into account specific client needs for a successful placement. Such screenings might be done by housing case managers or other staff.
- Revisions are:
 - Page 2, Table of Contents, Service Components: Add “Engagement” and “Housing Coordination;” Change “Psychosocial Assessment” to “Comprehensive Screening and Referral;” update language.
 - Page 4-5, Service Introduction: Add “stably” to “maintaining” and “decent, safe” to “affordable and appropriate housing;” add updates from page 2; add to references including national documents and HOPWA monitoring tool.
 - Page 7, Definitions and Descriptions: Add “Engagement” defined as specific to Housing, “Housing Coordination” and “Comprehensive Screening and Referral” clarified to include information via referral. Under “Housing Agreement,” add “temporary and permanent housing needs” and change “history” to “housing history.” Delete “Case Closure,” “Client Retention” and “Intake” as duplicative of global standard definitions.
 - Page 9, Service Components: Update per above.
 - Page 10, Outreach and Engagement: Add recommended descriptive language to Outreach and Engagement. Describe special need for Engagement in housing. Add customer satisfaction to Engagement measures and expand the client chart documentation measure to include client acknowledgement of options provided.
 - Page 11-12, Intake: Add “Demographic data,” “Determination of need,” “Potential housing barriers” and expand “Client name” to include “telephone number, home address... or most recent mailing address.”
 - Page 13-14, Comprehensive Screening and Referral: Add language to clarify information needed whether determined through housing staff screening or via referral. Add bullet “Linkage to Benefits Specialist” under items for which clients should be screened and the following under “Client strengths”: “Homelessness,” “Loss of income,” and add “reunification” to “Family issues,” and “(protection orders, safe housing needs)” to “Domestic violence.”
 - Page 15-16, Comprehensive Screening and Referral: It was noted added items are currently in HMIS drop-down menus and other documents, but not previously compiled in one place. Add evaluation of stable versus unstable housing. Change “Behavioral History” to “Behavioral/Legal Issues.” Move “Credit problems” from “Behavioral” to “Finances” bullet.
 - Page 17-18, Individual Housing Plan (IHP): Add recommended descriptive language. On page 17, first paragraph, change “maximum buy-in” to “maximum commitment.” On page 18, first paragraph, add “and client commitments” to “housing case manager commitments.”
 - Page 23-25, Housing Coordination: Add recommended section.
 - Page 26, Outcomes and Measurable Indicators: These were developed from HOPWA documents. They will be kept, but moved to the Outcomes and Indicators section of the Standards Publication.
- ➡ Mr. Vega-Matos will forward to Ms. Pinney assessment questions being developed for the psychosocial portion of MCC to inform her revision of Comprehensive Screening and Referral language.
- ➡ Mr. Vega-Matos will draft introductory Comprehensive Screening and Referral language and forward to Ms. Pinney.
- ➡ Ms. Pinney will contact Ms. Ibarra to see if other jurisdictions have Best Practices for outcome measures.
- ➡ Send revised draft to LAHD and LACHAC with a request for input by one week prior to the May Committee meeting. The Committee will finalize the standard in May and forward it for approval at the May Commission meeting.
- ➡ Review language of separate Case Management standards to ensure clear coordination with MCC.

9. SERVICE EFFECTIVENESS:

- Mr. Vincent-Jones reported provider surveys are now being developed for Medical Outpatient and Oral Health. Some time was needed to collect internal indicator data for the survey. Best practices are now being incorporated.
- The surveys will generate best practices information. Consumer satisfaction information is complete. Cost and service utilization data is being coordinated with OAPP, which expects to complete data collection in June or July.
- He complemented OAPP for its collaboration on Service Effectiveness. He expressed the hope that eventually Performance-Based Contract Monitoring and Service Effectiveness indicators will be the same though viewed from different perspectives.

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- ➡ Complete Medical Outpatient survey draft after Committee meeting and send to Dr. Sayles and Mr. Vega-Matos for review with a goal to distribute in near future. Completion of the Oral Health survey will follow shortly.
- ➡ The matrix is being updated and will be ready for presentation at the April Commission meeting.
- ➡ As complete a model as possible will be presented for the All Grantees meeting.

10. STANDARDS REVIEW POLICIES:

A. Standards of Care Policy and Procedures:

- Mr. Vincent-Jones recognized not everything in each standard can be implemented immediately. Policy and procedures will identify when certain expectations need to be implemented over time as the system develops.
- ➡ Mr. Vincent-Jones will have a draft for the May Committee meeting.

11. GRIEVANCE POLICY AND PROCEDURES: This item was postponed.

12. MEDICAL CARE COORDINATION (MCC):

A. Transitional Advisory Report:

- Mr. Vega-Matos reported OAPP has weekly internal meetings on the implementation plan, as well as regular meetings with Donna Yutzy, Consultant. Conversations continue on issues, e.g., there was a recent discussion with Case Management, Home-based providers on how to interface with that service.
- OAPP will present key elements of the transition plan to the Transitional Advisory Group on 5/3/2010.
- Ms. Jackson noted Health Deputies heard a presentation 3/31/2010 by consultants on health management which was very similar to MCC. The Health Deputies strongly supported the consultants' recommendations. Ms. Jackson commented at the meeting that MCC had been working on the subject for some time and had similar recommendations.
- ➡ Consider second presentation to Health Deputies on MCC progress.
- ➡ Review possibility of joint Commission-OAPP All Grantees presentation on MCC from concept to current state.

13. ACTIVITY UPDATES: This item was postponed.

14. COMMITTEE WORKPLAN: This item was postponed.

15. AETC REPORT:

- Ms. Espinoza, Assistant Director, PAETC-USC, said she had not been able to attend the Committee previously due to a conflict with monthly County Jail trainings. That schedule has changed so she can attend every other month. She is planning to transfer the trainings to another staff person so that she can attend monthly.
- The PAETC-USC has applied for its five-year cycle competitive renewal at the end of June 2010. Prospects are good.
- The Commission and PAETC recently convened an expert panel on HIV engagement and retention. About 30 people were invited with 16 attending from 15 clinics. Attendees included physicians, nurses, medical directors and administrators. A report is being prepared for dissemination to all invitees. Additional needs assessment with providers is planned.
- Dr. Sayles noted poor coordination with OAPP on the event as has been common with the PAETCs on various trainings. Mr. Vincent-Jones said the Commission was approached to help facilitate as it had an expert panel format and a contract with the facilitator, but PAETC was to organize the event. He was told Dr. Sayles' office had been notified and OAPP would participate. Dr. Younai noted the invitation had the Co-Chairs signature on it, but they had not been notified.
- Mr. Vincent-Jones said as this was the first such event, it can be a learning process to ensure better coordination in future. While the Commission is not solely responsible for information, it is a central, public place for its dissemination.
- Ms. Espinoza reported PAETC-USC is working with Gilead to implement routine HIV screening in a primary care clinic. The facility selected is JWCH, Center for Community Care Clinic. A conference call with Gilead and OAPP is planned.
- Preliminary work with the LA County Jail has also begun to develop an HIV fellowship.
- ➡ Ms. Espinoza will present to the Commission on the engagement and retention expert panel once the report is finalized.
- ➡ Once a PAETC representative can attend monthly, that person will be asked to apply as a Committee member.

16. NEXT STEPS: There was no additional discussion.

17. ANNOUNCEMENTS: The Medical Outpatient RFP was released 3/30/2010 with a bidders' conference scheduled for 4/5/2010.

18. ADJOURNMENT: The meeting was adjourned at 12:05 pm. The next meeting will be 5/6/2010 from 10:00 am to 12:00 noon.